

**ASSESSMENT OF HEALTH WORKFORCE PILOT PROJECT (HWPP #171)**  
**Planned Parenthood of Los Angeles (PPLA)**  
**January 11, 2010**

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**1. EVALUATION TEAM COMPOSITION**

**Healing Arts Boards:**

- California Medical Board  
Linda Whitney, Chief of Legislation  
Kelly Nelson, Legislative Analyst  
Barbara Yaroslavsky, President
- California Board of Registered Nursing  
Alice Takahashi, RN, CNA, BC-Retired, Nursing Education Consultant

**Consultant**

- UCD FNP/PA Program  
Shelly Stewart, APRN CS, FNP, PA C, MSN

**Related Professional Associations**

- American College of Nurse Mid-Wives  
Leslie Cragin, CNM, PhD, FACNM
- American College of OB-GYN, District IX –CA  
James Macer, Jr., MD
- American Nurses Association/CA  
Liz Dietz, EdD, RN, CS-NP
- Assoc. of Reproductive Health Professionals  
Rivka Gordon, PA-C, MHS
- California Association of Nurse Practitioners  
Colleen Keenan, PhD

**OSHDP**

Angela L. Minniefield, MPA, Deputy Director  
Konder N. Chung, Chief - Access to Care Section  
Gloria J. Robertson, HWPP Program Administrator

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**2. HWPP #171 TEAM REPRESENTATIVES**

Molly Battistelli, HWPP #171 Project Director  
Diana Taylor, RN, PhD, Principal Investigator, HWPP #171  
Amy Levi, CNM, PhD, Clinical Education Consultant  
Deborah Nucatola, MD, PPLA  
Susan Corpus, CRC, RN, PPLA  
Paige Hardin, Clinical Supervisor, PPLA

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**Purpose:** To evaluate the project progress in meeting its stated objectives and in complying with program statutes and regulations. This site visit is to assess the training of the Los Angeles Planned Parenthood Clinic Trainees.

**Method:** Interviews with HWPP #171 Clinic Administrative Team, Trainees and Preceptors, Review of Curriculum/Protocols, Review of Medical Records Abstractions and Patient Satisfaction Summary

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### **3. PRE-ASSESSMENT TEAM CONFERENCE DISCUSSION**

#### *OSHDP Staff and Evaluation Team*

The OSHDP-HWPP program administrator provided each evaluation team member with a copy of the OSHDP travel reimbursement policy and indicated that the Calaters form must be completed to receive reimbursement for HWPP evaluation team activity.

The HWPP #171 approval expires March 31, 2010. Thus, the evaluation team's assessment is crucial and OSHDP-HWPP welcomes your input. OSHDP-HWPP understands that an extension request is forthcoming.

### **4. SITE VISIT PROTOCOLS – REVIEW AND DISCUSSION**

HWPP #171 Project Director, Molly Battistelli, discussed the HIPPA confidentiality forms, site sensitivity to Project participants and participating patients. Confidentiality forms were provided to each member of the evaluation team to review and sign. The site's research coordinator, assigned to oversee the development of the clinical records abstractions submitted her signed certification form to OSHDP-HWPP program administrator certifying that the data pertains to the HWPP #171 project.

Overall, HWPP #171 has nineteen APCs participating in the pilot program. Two APCs are in the training phase and seventeen are in the employment/utilization phase. Planned Parenthood of Los Angeles has three APCs participating in the pilot project.

The clinical records that will be reviewed during the site visits of January 11-12, 2010 represent data from the timeframe of December 1, 2008 through August 31, 2009.

### **5. ASSESSMENT OF OPERATIONS**

The evaluation team used the Administrative/Operations Site Assessment Form to evaluate the site's administrative documents. The findings are summarized as follows:

#### **Health & Safety Code**

- **Section 128165 (c): Implications of the project for health services curricula and for the healthcare delivery system.**

#### **California Code of Regulation (CCR)**

- **Section 92306: Curriculum**

- The training curriculum is available at all times for trainee or preceptor use at the clinical site, and is available online. The trainees have not used the online version. Their preference is the textbook. The HWPP #171 project director indicated that that they have changed the web-site to accommodate better access to the curriculum.
  - The clinical protocol manual which addresses the (1) standardized procedures for the nurse practitioner and nurse mid-wife trainees and (2) the delegation of service agreements for the physician assistant trainees were displayed as one form. The evaluation team members indicated that the standardized procedures for nurse practitioners and nurse mid-wives are one document and the delegation of services for the physician assistants is a separate document. The HWPP #171 clinic supervisor responded to the discussion. The manual has the listing of the APCs participating in the pilot project. The listing with the signature affixed was provided to the OSHPD-HWPP program administrator for review.
- **CCR Section 92311: Trainee Information & Preceptor Information**
- The licensing information of the APCs and preceptor was reviewed by the HWPP program administrator. The document is kept in the administrative office.

#### **Health & Safety Code**

- **Section 128150: Any patient being seen or treated by a trainee shall be apprised of that fact and shall be given the opportunity to refuse treatment. Consent to the treatment shall not constitute assumption of the risk.**
- **CCR Section 92309: Informed Consent**
- A copy of a blank informed consent form was available for review.

#### **Health & Safety Code**

- **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**
- **CCR Section 92308: Monitoring**
- HWPP #171 has a Data and Clinical Safety Committee which meets annually to review information regarding the safeguards of HWPP #171 participating patients and when any violation of protocols are reported. No violations have occurred.
  - HWPP #171 representatives indicated that reportable occurrences (raw data from patient records and procedures logs) would be identified by the research coordinator, sent to the HWPP #171, and analyzed. Feedback is provided to LA Planned Parenthood for their perusal. The evaluation asked to see a copy of the findings, but they were not available on site.
  - Each APC trainee keeps an observed competency assessment log in which the preceptor reviews with the trainee and signs a procedures log which reflects notes regarding any complications that the APC experiences.
  - A sample of an APC observed competency assessment log was reviewed by the evaluation team. The log indicated that the APC had reached competency. The HWPP #171 staff indicated that of the three participating APCs, one is at the

beginner level of competency and the other two have reached competency and are now in the employment/utilization phase of the pilot project. The evaluation team expressed an interest in seeing observed competency assessments of an APC from the beginner level to full competency, thus demonstrating an APCs learning curve.

- A copy of a trainee's procedures log was provided to the evaluation team for review. No comments were submitted.
- HWPP #171 representatives provided a blank form for the evaluation team's review. The HWPP #171 representatives indicated that the rate(s) of complications incurred was (a) overall 1%, (b) for the physicians participating in the program 1.8%, and (c) 1.4% for the APCs.

➤ **CCR Section 92603: Site Visits**

- HWPP #171 has a Data and Clinical Safety Committee which meets annually to review information regarding the safeguards of HWPP #171 participating patients and when any violation of protocols are reported. No violations have occurred.

**6. PRECEPTOR INTERVIEWS**

The evaluation team used the Preceptor Site Assessment Form to evaluate the site's preceptor. The interview with the preceptor was to illicit training assessment for the APCs. The evaluation team used the Preceptor Site Assessment Form to evaluate the sites preceptor. A total of 2 preceptors oversee the training of the APCs at this site. One preceptor was available for the interview. The findings from the interview are summarized as follows:

**Health & Safety Code**

- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**
- **Section 128165 (d): Teaching methods used in the Project**

**CCR Section 92603 (c): Interviews with project participants and recipients of care**

- T-30 has been with Planned Parenthood for 10 years. The physician's hours of operation is summed as follows: 60% - administration and 40% - clinical practice. The physician is the preceptor for the HWPP #171 Los Angeles site. T-30 indicated that there is a shortage of providers in other areas of California who are trained to provide abortions but saw a need for post-abortion care management for patients in the Los Angeles area.
- T-30's role is to train the APCs in first trimester abortions procedures, step-by-step up to forty cases and be available to the APCs as they perform the next sixty cases (to discuss, observe and/or assist where required). There is one other preceptor available at this site and other physicians who can offer assistance if required.
- T-30 holds weekly discussions with the APCs on site.
- The research coordinator discusses the HWPP #171 pilot project study objectives with the patient; provide the patient with the consent form for review and signature.

Patients who consent to participate in the study are assigned to the APCs by the site's research coordinator.

- T-30 indicates that the APCs strengths are in the (a) humility that is exhibited toward their assigned patients, (b) wiliness to learn, (c) knowing when to ask for assistance form the preceptor, and (d) knowing one's limitations in performing a procedure. T-30 indicates that weaknesses/most challenging element of the APCs is in the examination of tissue during early gestation.
- T-30 discussed one unusual occurrence from an aspiration procedure performed by an APC. A description of the unusual occurrence is as follows:
  - A patient aspiration was completed.
  - The patient was discharged to home.
  - One week later patient still felt pregnant and came back to clinic for diagnoses and treatment.
  - APCs diagnostic review did not show the patient to be pregnant.
  - APC referred the patient to a physician.
  - Patient was discharge to hospital.
- Results- Patient was pregnant with twins, one sac was removed through aspiration, and the other was a cornual pregnancy – a form of ectopic pregnancy. T-30 indicated that the occurrence was appropriately managed by the APC resulting in a referral to a physician.
- T-30 indicated the following regarding reporting and shared information:
  - Trainee And Preceptor – Daily assessment of APC during training. Discuss cases with the APC as they perform the procedure. The preceptor is present at the site on the days that the APC is scheduled.
  - Preceptor and Project Team – Make sure that the HWPP #171 Project Team receives the data and required program forms.
  - Preceptor and Site's Management Team – Initiate discussions regarding the status of the APCs training and clinical performances, anticipate/negotiate training needs from several competitive sources (the resources are scarce), manage priorities and resource allocations.
  - Patient Satisfaction form review – The preceptor receives information, most of the time, through informal means, i.e. form research coordinator and APCs.
  - Records Management- The preceptor in the medical director's role maintains the incident report data for all patients.
  - Closing Comment: With respect to training, the APCs do just as well as MDs The APCs have successful (a) aspirations, (b) Patient satisfaction results, and (c) and tin complication rates. The preceptor would hire the APCs to perform the first trimester abortions (if law permitted the scope of practice).

## **7. INTERVIEWS WITH THE APCS**

A total of three APCs were interviewed during the site visit. Two of the APCs are currently in the employment/utilization phase. One APC has just completed the clinical phase and is ready for the employment/utilization phase.

- **Health & Safety Code**
- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**
- **Section 128165 (d): Teaching methods used in the Project**

**T-015 is currently in the employment/utilization phase.**

- T-015 has worked as a nurse practitioner for ten years in women's health specializing in obstetrics/gynecology. T-015 chose to participate in the HWPP #171 program to learn new skills.
- T-015 indicated (a) prior experience in dilation and curettage, (b) but has learned the new skills which includes manual and electric vacuums aspirations and (c) is progressing well. T-015 has performed 150 procedures.
- T-015 (a) indicated that the course work was excellent, (b) received information/feedback from the preceptor, (c) experienced more interaction than in prior training experience, (d) the didactic textbook was good, (e) appreciated the training, (f) preceptor mentoring especially the tips on how to ease the patient and make the patient more comfortable, and (g) how the preceptor demonstrates safety and better use of the instruments. T-015 indicated that the training time was sufficient. (time allotted was one day per week; now in the employment/utilization phase the clinical schedule is one day every other week).
- T-015 has performed 150 procedures and is currently performing 9 procedures per week. T-015 administers medical abortions as well as other medications, e.g. local anesthesia, para cervical block, methergine, lidocaine. T-015 has experienced one incomplete abortion.
- T-015 indicates that women really appreciate continuity of care. T-015 (a) made the follow-up telephone calls to patients and, (b) saw patients as a result of the telephone calls and patients requiring re-aspirations.
- T-015 keeps a daily assessment log. Has regular dialogue with the preceptor, and appreciated the feedback. The preceptor explained any weakness or ways to improve performance. In phase 2, T-015 experienced an issue, requested an ultrasound for the patients, the issue was resolved and T-015 completed the procedure.
- T-015 indicated (a) that there was a misunderstanding regarding administrative issues regarding the paper work during the beginning of the training and feels that there should be better connectivity with the UCSF team, and (b) there should be more clinicians enrolled in the study so that patients won't have to wait for a clinician to perform the procedure. T-015 would like to see more meetings (face-to-face) and feels that the course should not be changes.

**T-744 is currently in the employment/utilization phase and was interviewed during the February 2009 site visit.**

- T-744 is a physician assistant and has 30 years of experience of which 10 years were with Planned Parenthood of Los Angeles and 1 year with the HWPP #171 pilot project. T-744 was inspired to become a practitioner by a physician who spoke the students in high school. That physician was instrumental in assisting T-744 to enter the physician assistant program and has spent her career in women's health care. As

for the pilot project, T-744 wants to be a part of changing the law to allow APCs the ability to perform first trimester procedures.

- T-744 indicates that the new skills set learned through the pilot project is first trimester abortions. T-744 has prior experience in performing medical abortions. T-744 has performed 4 procedures during the clinical training with the preceptor present, 20 procedures with the preceptor available and has been in the employment/utilization phase for one year where the preceptor is available for consultation when required. T-744 feels very competent in providing these procedures.
- T-744 feels that the didactic (a) was very adequate, (b) required lots of reading and (c) learned how to dilate different uterus positions. T-744 received assessments regarding how to improve a technique after each session with a patient and tissue identification which was challenging during the clinical phase.
- T-744 completed over 40 procedures over a six month period. The clinical schedule changed to one day per week or 3-4 days per month. In the employment/utilization phase, the clinical schedule is 8-10 days per month.
- T-744 indicates that clinical staff is trained to obtain patient consent to participate in the study and assigns the patient to the APC. T-744 provides the following services to participating patients: IUD insertions, first trimester abortions, re-aspirations, miscarriage management, and post-discharge follow-up. T-744 administers the following medications: para cervical blocks and lidocaine. T-744 has experienced one re-aspiration.
- T-744 is open to comments that are provided from the preceptor. The comments are written on T-744's daily assessment log. One example of a comment from the preceptor during the training phase was T-744's ability to identify gestational stage from ultrasound reports. Feedback from patient survey forms has been positive.
- T-744 (a) would like more experience in identifying products of conception, (b) would like to see changes in laws that govern scope of practice to allow more access to care to women and (c) is excited to be a part of the pilot project.

**T-998 has completed the clinical training phase and is ready to begin the employment/utilization phase.**

- T-998 is a nurse practitioner and has 19 years of experience in women's health. T-998 worked as a registered nurse in OB-GYN and wanted to increase the skills set for women's health. T-998 has been with Planned Parenthood for 11 years. The pilot project was an opportunity to further increase women's health care skills.
- T-998 has learned the following skills set: para cervical block, tissue identification, and aspiration abortions. T-998 is progressing well and has performed sixty-eight procedures, but needs more experience in tissue identification (products of conception) and identifying gestational stage from the ultrasound reports. T-998 has prior experience with IUD insertions, colposcopies, and laminaria procedures.
- T-998 indicated that the didactic manual was very helpful, and is very useful for the clinical phase. The preceptor is excellent and feels that the one-on-one (trainee to preceptor) is great. The time allocated for the training was sufficient, i.e. one day per week (eight hours). The average time for the performance of a procedure was twelve to fifteen minutes.

- T-988 indicated that the research coordinator assigns patients who have consented to participate in the project to the APCs. T-998 provides the following services: pre-operative care and post-operative exams, and laminarias.
- T-998 administers the following medications: para cervical blocks, and lidocaine. T-998 has not experienced any unusual occurrences or complications.
- T-998 has experienced first call attempts in following up with project patients.
- T-998 keeps a daily assessment log and has not received any negative comments from the preceptor.
- T-998, in closing, indicated that the program is working well and would like to see laws change to increase the number of abortion providers.

## 8. CLINICAL RECORDS ASSESSMENT

The evaluation team used the Clinical Records Assessment Form to evaluate the medical record abstractions and the patient survey abstraction records.

- **Health & Safety Code**
- **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**
- **CCR Section 92603: (a) Site visits shall determine that adequate patient safeguards are being utilized.**
- For the period December 1, 2008 through August 31, 2009, the evaluation team reviewed 16 (5%) of the 307 clinical records abstractions of participating patients seen at this site. Of the 307 participating patients, 175 were seen by the APCs and 132 were seen by clinic physicians. Of the 307 patients, 131 declined to be seen by the APC. There was 1 abortion related complication.
- 160 patients consented to participate but were found ineligible for the study.

Below are the evaluation team summaries of the 16 abstraction records provided. The summaries below are not in any particular numeric sequence.

### <sup>1</sup>Medical Record Abstraction

Record Number 1819	ICD-9-CM procedure was not recorded. The reimbursement type was recorded as abortion slide A (sliding scale fee system). There were no incidents.
Patient Survey Abstraction	There was follow-up on the patient after discharge.

### ----- Medical Record Abstraction

Record Number 1840	ICD-9-CM procedure was not recorded. The reimbursement type was recorded as Medi-Cal HMO. There were no incidents.
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<sup>1</sup> Evaluators were not consistent in the format recording of the medical record abstraction records that corresponded with the patient satisfaction survey number. Thus the breaking line reflects the medical records abstraction record with the corresponding patient survey abstraction record.



Patient Survey Abstraction	There was follow-up on the patient after discharge.
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Medical Record Abstraction Record Number 2319	ICD-9-CM procedure was 635.92. The reimbursement type was recorded as abortion slide A (sliding scale fee system). There were no incidents.
Patient Survey Abstraction	There was follow-up on the patient after discharge.
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Medical Record Abstraction Record Number 4498	ICD-9-CM procedure was not recorded. A re-aspiration was required for an incomplete abortion (method: manual vacuum aspiration). The APC performed the procedure without MD consultation. The reimbursement type was not recorded. There were no incidents.
Patient Survey Abstraction	There was no follow-up on the patient after discharge.
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Medical Record Abstraction Record Number 1934	ICD-9-CM procedure was not recorded. The reimbursement type was recorded as private insurance.
Patient Survey Abstraction	High patient satisfaction was recorded.
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Medical Record Abstraction Record Number 1931	ICD-9-CM procedure was not recorded. The reimbursement type was recorded as Medi-Cal.
Patient Survey Abstraction	High patient satisfaction was recorded.
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Medical Record Abstraction Record Number 2334	ICD-9-CM procedure was 635.92. The reimbursement type was recorded as Medi-Cal HMO. The APC performed the procedure without MD consultation.
Patient Survey Abstraction	Follow-up made by telephone. Patient indicated that they had no post discharge complications and the experience was what was expected.
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Medical Record Abstraction Record Number 2793	ICD-9-CM procedure was 635.92. The reimbursement type was recorded as abortion slide A (sliding scale fee system). The APC performed the procedure without MD consultation.
Patient Survey Abstraction	Follow-up by telephone but patient was not reached.
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Medical Record Abstraction Record Number 2335	ICD-9-CM procedure was 635.92. The reimbursement type was not recorded The APC performed the procedure without MD consultation.
Patient Survey Abstraction	Follow-up by telephone. The patient was reached and indicated that there were no post-discharge problems, and the experience was what was expected.
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Medical Record Abstraction Record Number 2786	ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal.
Patient Survey Abstraction	None recorded.
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Medical Record Abstraction Record Number 1937	ICD-9-CM procedure was not recorded. The reimbursement type was Medi-Cal. The APC performed the procedure without MD consultation.
Patient Survey Abstraction	Follow-up by telephone. The patient was reached and indicated that there were no post-discharge problems, did not need any time off from work, and the experience was better than expected.
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Medical Record Abstraction Record Number 1940	ICD-9-CM procedure was not recorded. The reimbursement type was Medi-Cal HMO. The APC performed the procedure without MD consultation. The procedure did not require a return visit.
Patient Survey Abstraction	Follow-up by telephone. The patient was reached and indicated that there were no post-discharge problems, did

not require time off from work, and the experience was what was expected.

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Medical Record Abstraction  
Record Number 1801

ICD-9-CM procedure was not recorded. The reimbursement type was Kaiser Permanente. The APC performed the procedure without MD consultation. The procedure did not require a return visit.

Patient Survey Abstraction

Follow-up by telephone. The patient was reached and indicated that there were no post-discharge problems, did not require time off from work, and the experience was worse than what was expected. The staff was great, but feels bad about having the procedure.

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Medical Record Abstraction  
Record Number 4462  
(Medical Record & Patient  
Survey Code 80,039)

ICD-9-CM procedure was 635.92. The reimbursement type was abortion slide scale D (sliding scale fee system).

Patient Survey Abstraction

Abstraction form complete. Follow-up survey completed. The patient was reached and indicated that there were no post-discharge problems.

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Medical Record Abstraction  
Record Number 4462  
(Medical Record & Patient  
Survey Code 60,133)

ICD-9-CM procedure was 635.92. The reimbursement type was abortion slide scale A (sliding scale fee system).

Patient Abstraction Recorded

Abstraction form complete. Follow-up survey completed. The patient was reached and indicated that there were no post-discharge problems.

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Medical Record Abstraction  
Record Number 4462  
(Medical Record & Patient  
Survey Code 80,108)

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal HMO.

## **9. POST-ASSESSMENT TEAM CONFERENCE DISCUSSION**

The evaluation team discussed the following during the post assessment team conference:

- Protocol Manual: The standardized procedures for the nurse practitioners and nurse mid-wives are to be separate from the delegation of service for the physician assistants. The BRN representative provided this insight to the clinical supervisor.
- The evaluation team is interested in reviewing competency assessment log which reflects the various levels of achievement of an APC, i.e. beginner, intermediate and competency. The evaluation team feels that they could assess the quality of the training and the improvements of the APC better by reviewing the 'learning curve' from beginning stages to competency.
- The conference calls are set-up for APCs to share information and experiences is great and should be held more often.
- The evaluation team members would prefer to review the participating patient's medical records rather than the medical records abstractions. The abstractions did not provide the evaluation team with enough information to assess the APC performance outcomes.(redacted charts)